

7/20/2019

ASS. REC. BY:

REF: CS/FCI 19011499/UQ/d302

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)

From (Person):

Henry Kao

of

FCI

Date/Time:

27/6/2019

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SLQ 646 E

Insured:

SHC 7789 B

at Workshop m/s

Allwell Motor

Tel:

66791146

of

25 Dahu Lane 9

Policy No:

Claim No:

D19004218MF3H

Sum Insured:

Excess:

Make of Veh:

D.O.A

25/6/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Caiyi

Vehicle

IN/OUT

Date/Time	Action/Instruction
	<u>Vehicle (✓)</u>
	<u>SHC 7789 B : X</u>
	<u>SLQ 646 E : X</u>
<u>03/7/19</u>	<u>3pm revised to Henry Kao by email.</u>

(08/11/13) wef

ASS. REC. BY: *Marcus*

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5 days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Chai y.

Left door can't open can't take chassis Number

26/8/19 PIP @ 2741.32 confirmed with Ben (Red @ 2738.78, 45%)

RECEIVED 27/08/2019

219

Date/Time, File Pass to?

☐

: Preli. Report

1) 27/8 transfer

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) 2741.32

139

50

50

41

276

MOTOR SURVEY ASSIGNMENT

Date	27-06-2019	Our Ref No. D19004215MFSH
Accident Date	25-06-2019	Claim Type. Third Party
Insured Vehicle	SHC7789B	Third Party Vehicle. SLQ646E
Survey Location	25 Defu lane 9	
Contact Person.	CHAI YEE	
Contact No.	66791146/ 91478545	Fax No. 0
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	ALLSWELL MOTOR TRADERS	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	HENRY KAO	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Navas

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 3 July 2019 3:00 PM
To: 'CWS Motor Claims'; assignments
Cc: 'Henry Kao Cai Jie'; SUR
Subject: RE: SURVEY ASSESSMENT - D19004215MFSH/1
Attachments: CSFCI19011499Uqd3.pdf

Dear Henry,

Enclosed herewith preliminary advice of SLQ 646E.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO) [<mailto:admin-d@lkkauto.com>]
Sent: Friday, 28 June 2019 11:32 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Henry Kao Cai Jie' <HenryKao@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19004215MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Friday, 28 June 2019 10:34 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Henry Kao Cai Jie <HenryKao@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19004215MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

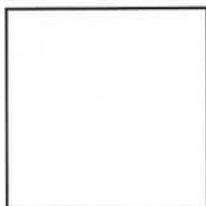
Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



This email has been checked for viruses by AVG antivirus software.
www.avg.com



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19004215MCVS

Date: 03 July 2019

Our Ref: CS/FCI19011499/Uqd3

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

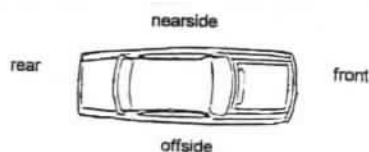
INITIAL INSPECTION REPORT OF VEHICLE NO. SLQ 646E .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 26/06/2019 at the premises of M/s ALLSWELL MOTOR, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>4,980.10</u> .
Revised Estimate Amount	: S\$ <u>2,760.07</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:

The vehicle sustained damages
at the n/s body.



Yours faithfully

CHUA KANG SENG
Licensed Appraiser

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	2541Z

Vehicle Details

Vehicle No.:	SLQ646E
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Jul 2019
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR 1.8 HYBRID G AUTO 5DR
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	2ZR8106952
Chassis No.:	ZYX102039860
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$33,597.00
Original Registration Date:	27 Jun 2017
First Registration Date:	27 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$9,036.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jun 2027
PARF Rebate Amount:	\$6,777.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jun 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,001.00
COE Rebate Amount:	\$42,327.00
Total Rebate Amount:	\$49,104.00

The information contained herein is correct as at 01 Jul 2019

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	26/06/2019 14:42
Date Of Accident	25/06/2019 20:30
Exact Location Of Accident	MARINA BAY SANDS EXPO DROP OFF
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ646E
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINEPTE LTD
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66791146

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S CVT (LED) (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994370
Cover Note Number	

Driver

Name of Driver	KONG KAH TOH, TERENCE
NRIC No	S8119667B
Date Of Birth	16/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2006
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82011109
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 774 YISHUN AVENUE 3 #09-201
Postcode	760774
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER WITH ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7789B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOK POON SING
NRIC/Passport Number	
Contact Number	96696490
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Sand's
construction
centre
drop off point



A = SLA 646E

B = SHC7789B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 8.30pm I was dropping off a passenger at
Houn. My car's engine was drop off. I moved off to
my next destination. As I was passing by Taxi
SHC7789B, the passenger of the car open the
rear door from the right side. Hence the door
came into my car door on the left.

DECLARATION

(We declare the foregoing particulars are true in every respect)

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature:
Name:
NRIC/FIN No.:

email:ben@allswellmotor.com.sg

$$\begin{array}{r} 25\% \\ P-184.32 \\ L-900.00 \\ \hline 274.32 \end{array}$$




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI19011499/Uqd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 11-09-2019		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7789B	Veh. Inspected	SLQ 646E	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19004215MFSH	Excess (\$)	0.00	
Assign From	HENRY KAO	Assign Date	27/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA C-HR HYBRID (A)	c.c	1797	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	ZYX102039860	Colour	BLACK	
Odometer	183392	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/50 R18	GOODRICH	7 mm	
L/H Front Tyre	225/50 R18	GOODRICH	7 mm	
R/H Rear Tyre	225/50 R18	GOODRICH	7 mm	
L/H Rear Tyre	225/50 R18	GOODRICH	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	25/06/2019	Inspection Date	28/06/2019	
Survey held at	25 DEFU LANE 9			
Repairer	ALLSWELL MOTOR TRADERS			
5a. Remarks				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLQ 646E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	LH FRONT DOOR HANDLE	CUT / JAMMED	320.00	295.00
1	LH FRONT DOOR	BADLY DENTED	1,109.00	1,109.00
1	LH REAR DOOR	BADLY DENTED	1,051.10	1,051.10
	LESS 25% DISCOUNT		-	-613.78
			2,480.10	1,841.32
SPECIAL NETT ITEMS				
1	CLIPS / RETAINER STUDS (SN)	NOT NECESSARY	100.00	-
			100.00	-
LABOUR				
	REMOVE / REFIX ALL AFFECTED PARTS (2 DOORS, HANDLE, 2X UPHOLSTERY, 2X GLASS, 2X CALDES WIRING, SENSOR & ETC & REPAIR REAR FENDER.		1,200.00	300.00
	SPRAY PAINT OF ALL AFFECTED PARTS (INTERNAL & EXTERNAL).		1,200.00	600.00
			2,400.00	900.00
GRAND TOTAL			4,980.10	2,741.32
RECOMMENDED COST OF REPAIRS				2,741.32

Report Ref No. CS/FCI19011499/Uqd3e2

CHUA KANG SENG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.